



1)	Corporate Business Name						
	Doing Business As						
	Federal Tax ID #			State Tax ID #			
2)	Check the Following:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability Partnership			
3)	Check the Following:	<input type="checkbox"/> New Business	<input type="checkbox"/> Transfer of Location	<input type="checkbox"/> Transfer of Ownership			
4)	Business Address						
	City			State		Zip	
	Contact Phone			Fax Number			
	Cell Phone			E-mail			
5)	Mailing Address						
	City			State		Zip	
6)	Owner's Name						
	Home Address						
	City			State		Zip	
	Home Phone			Date of Birth			
	Driver License #						
7)	Corporate Officers / Emergency Contacts						
	Name			Phone #		Title	
	Name			Phone #		Title	
8)	List All Addresses	1)					
	Used As Rental Property	2)					
	Within City Limits	3)					
	Use other side of form	4)					
	If necessary	5)					
9)	Total # of Properties			(1-15 units \$27.57 / 16-50 units \$44.10 / 51 or more \$77.18)			
10)	I CERTIFY THE ABOVE INFORMATION IS CORRECT.						
	Applicant Signature				Date		

NOTIFY THIS OFFICE IMMEDIATELY IF YOU CHANGE YOUR NAME, ADDRESS, SERVICES, TELEPHONE NUMBERS, OWNERSHIP, ETC.

FOR OFFICE USE ONLY		Fee Amount		Receipt #	
Tax Classification			Transferred From Control #		
Control #					
ISSUED BY:			DATE:		